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MEDICAL CASES.

FROM THE MEMOIRS OF JAMES JACKSON, JR. M.D.

Organic Disease of the Stomach.

DEC. 30, 1829.—Examination of J. R. J. R. was a man of an uncommonly strong and muscular frame. He lived to the age of 72 in the enjoyment, until very recently, of the most uninterrupted good health. He drank cold water, and in general was a man of very temperate habits in all points; but his friends thought that, of plain food and drink he took a very good share, and he might perhaps be called a large eater. He was accustomed to take much and regular exercise, and had thus preserved an excellent habit of body.

During the last summer, having had occasion to take a long journey, he suffered great exposure and fatigue, and there was induced a very troublesome and serious costiveness, which was overcome with some difficulty. Shortly afterward, in October, he experienced a difficulty in swallowing, which was soon followed by a vomiting of his food. For these symptoms he was treated with emetics, &c. in hopes of throwing off the disease; but in vain.

The costiveness and difficulty of swallowing, without nausea, or loss of appetite, continued. He had pain, though not extreme, about the epigastrium, a little to the right of the ensiform cartilage. The difficulty of swallowing was somewhat diminished, when he laid upon the left side. For the last fortnight he had continually vomited a bloody fluid, of a coffee-ground aspect. These brief notices of his case I gathered from his physician, who was kind enough to invite me to attend the post-mortem examination.

Autopsy. External Appearances.—Body by no means extremely emaciated, but had lost some flesh. Tumor in left axilla, which was examined; it was nearly as large as a common kidney, was mostly composed of fat, with some glandular matter, indurated, and of a reddish gray color.

Thorax.—The organs in this cavity were in a remarkably healthy state.

Abdomen.—On opening into this cavity, there was first perceived a tumor, of more than an inch in diameter, between the *omentum minus* and the stomach. This, upon being opened, was found to be partly fatty, partly an indurated scirrhus mass. Opening the stomach, there were observed many dark spots, of an eighth of an inch, or more, in diameter, scattered about its inucous membrane. These were probably owing, or perhaps we may say certainly owing, to the coagulation of the

blood effused from the mouths of the vessels in this membrane. Passing the finger from the cardiac orifice, for about four inches up the œsophagus, there was felt, first, a considerable stricture, and, secondly, a thickening and induration of the part. On a more close inspection of the parts, as they laid, there was found a very perceptible tumor upon the right and outer part of the œsophagus, but it was not connected with the tumor of which I have before spoken.

Here, then, was the main seat of the disease ; and on cutting into the œsophagus, that we might view the internal coat, we found one very considerable patch of this completely ulcerated ; and on rubbing the organ with the sponge, without violence, the mucous membrane was seen with a ragged edge, and became immediately detached, so as to be raised for the space of three quarters of an inch, towards the upper part, with perfect ease. The pyloric orifice was somewhat diseased, being a little thickened and indurated ; but very evidently the most essential part of the disease, as well as that which was most clearly indicated by the symptoms, was at and about the cardiac orifice.

The left lobe of the liver was uncommonly small ; its extremity not reaching to the left side of the spine. Indeed the whole organ was of a very small size, but was very healthy in its aspect. The gall-bladder was much distended with black bile.

The small intestines were of an unusually small calibre ; not sufficiently large, for the most part, to admit the entrance of the middle finger, as I should judge ; for I did not make the experiment. The accumulation of fat about the parts in the internal cavities was very observable, as it generally is in old subjects.

Remarks.—1st. It has occurred to me whether the absence of nausea and of anorexy was not in part owing to the seat of the disease ; or, in other words, had there been disease of a similar character and equal in amount within the very cavity of the stomach, would not these affections have been more likely to ensue ?

2d. The fact of his being better able to swallow when inclining to the left side, is explained by the seat of the tumor in the œsophagus, which was mostly upon the right.

3d. In what way shall we reconcile the sudden occurrence of symptoms, which began to appear in the autumn (the patient having previously enjoyed good health), with such a mass of disease, which must have been a long time forming ? My father thinks that the fatigue and exposure during the journey, and the costiveness induced thereby, acted as exciting causes to an aggravation of the local disease. Thus ulceration and the consequent symptoms and sufferings ensued. We may learn from this the importance of avoiding all such exciting causes, as much as possible, during any serious chronic local disease ; as by the practice of this preventive method we may retard the issue of the same, although its termination may be sooner or later necessarily fatal.

ON THE ANIMAL ORIGIN OF FEVERS.

[Communicated for the Boston Medical and Surgical Journal.]

THAT all vegetables, even the driest wood, contain water, will not be denied. Dr. Good says that one-sixth of the driest and hardest wood is water. And that all water contains animals, may be proved by the *hydro-oxygen microscope*. There is no putrefaction without water, and therefore none in which animals are not involved. Consequently, so far as fevers are occasioned by putrefaction, their source can be traced to animal putrefaction.

Water is not a vegetable, but an elementary substance, containing abundance of animalculæ. A plate representing a single drop of water now lies before me, which is said to be "a very faithful representation of the appearance of a drop of water, as magnified by the astonishing powers of this microscope." Upon this engraving may be counted no less than 45 animal figures, respecting which, and the element containing them, and the powers of the microscope, the writer says, that "A single drop of water is magnified into an ocean, and teems with monsters of the most grotesque and frightful shapes and dimensions."* And the writer has certainly not exaggerated his subject; for of all the hideous reptiles which earth, air or water presents to the eye, some of these are the most terrific. This, however, is not the place to expatiate upon this part of our subject.

The present writer, in a former communication, which the editor of the Journal did him the honor to publish, adverted to the subject of microscopic animals, generated, or evolved, by vegetable putrefaction; and especially to an experiment of a former president of Yale College, Dr. Dwight, who illuminated every subject he touched, and they were many. The Doctor subjected pepper to putrefaction, and by a microscope discerned myriads of animals, which dying, gave out an offensive stench, and were succeeded by others. If a substance so acrid as pepper affords animalculæ, there can be no doubt of their existence in all other vegetable products. The putrid coffee, therefore, to which the celebrated Rush imputed the origin of the yellow fever of 1793, doubtless was a putrefaction of myriads of animals in their vegetable nidus. Rain water, suffered long to stand, owes its offensive smell to the same cause.

Dr. Bancroft refers yellow fever to marsh miasmata, and every writer upon intermittents has imputed them to this same source.

But leaving microscopic animals for those more tangible and visible, where, we may inquire, is the marsh to be found which does not abound with animals, either aquatic or terrene, dead from disease or age, or with the excretions and exuvia of such? We may safely answer, nowhere. The *malaria* of Rome is the aerial exuvia of the *old* world, poisoning the *new*.

We are aware of the arguments of those who assert that animal putrefaction is *not* hurtful. These gentlemen, some of them standing in the very first ranks of the profession, medical and philosophical, tell us of the

* Philadelphia Saturday Courier of June 6, 1835. The *Hydro-Oxygen Microscope* magnifies "2,400,640 times."

immunity of grave-diggers, butchers, tanners, curriers, removers of grave-yards recent and remote, and of bodies which the graves contained, in all stages of putrefaction. In reply to those who thus refer everything to vegetable decomposition, we may say that the surface of the whole earth, every spring and summer, undergoes vegetable putrefaction. The grasses, the grains and the germs, which are killed by winter, suffer decomposition in spring and summer. How immense the mischief, upon what a vast scale the contamination of the air, compared with all that grave-diggers, butchers, dissectors, fishmongers, and the dwellers near offal-yards, are subjected to, from the putrefaction of matters strictly animal. But the whole train of facts adduced by our opponents only serves to show that animal putrescency is not so pernicious, alone, as when it is combined with vegetable. Animal putrescency, when uncombined, often produces ammonia, which is a wholesome effluvia. It is thus that the most offensive smells are not the most deleterious; for ammonia, although it may not *predominate*, may *exist* in such a quantity as to render animal putrefaction innocuous. But when this product is not evolved, we are not without facts to show the pernicious properties of animal putrescency, and that the immunity from animal decomposition is by no means without exceptions.

The effects of putrescency depend very much upon the calmness of the atmosphere, upon the degree of heat, the long continuance of a high temperature, and the length of time that persons are subjected to its contaminating influence, without change of place, change of diet, and change of dress. We always like to see principles illustrated by facts, and both facts and principles by cases.

The present writer, a few years past, attended the family of a wealthy and very intelligent farmer, whose three sons, and negro boy, had each an attack of typhous fever, which in two of the sons, and in the colored boy, put on severe and malignant symptoms. The lady of the house, her two daughters, and colored girl, had nothing of it. Mr. Mason, the gentleman referred to, observed that he was at a great loss to determine the source of this illness, as his family, and that of his father, had usually been very healthy, and especially free from fevers. But, he continued, he thought that he had discovered, at length, the cause. A dead sheep was found, in a very offensive state, near the path where all those affected went and came to and from their summer labors on the farm.

A respectable physician, in a neighboring town, informed the writer that in a certain family several of the members had malignant fevers, which proved fatal to one of them. It was a season, he remarked, in which fevers did not prevail. None of their neighbors were sick, and he was perfectly at a loss to determine the cause, when it was at length discovered that a barrel of putrid brine, which had been left by a family that removed from the house in the spring, was in one of the rooms, and which being covered by a quantity of lumber, had escaped notice, until discovered, in searching for the source of the family illness.

There is an account, in one of the numbers of the New York Medical Repository, of a malignant fever in a family, the cause of which was finally traced to some barrels of putrefying beef, in the cellar, which had not been sufficiently salted.

The yellow fever of 1798, at New London, Conn. was imputed to some damaged codfish, which were found in a store, near where the first cases of fever had their origin.

But it may be conceded, as before intimated, that the most offensive animal matters are not attended with the most disastrous consequences. None will deny the existence of jail, hospital, and camp fevers. These fevers arise from animal deterioration, from the effluvia of the congregated inmates contaminating the air; but still, there may be no absolute putrefaction. We know of deaths from air bad, but still not putrid. The perspiration, the breath, the dress, the ulcers, and the effluvia, of those who eat much animal food, are more to be dreaded than those of persons who live upon vegetables. And this gives the reason why the armies of this country suffer more from fever, diarrhœa, and dysentery, than those of any other nation in the known world, in proportion to their numbers. There is no nation on earth which is so bountifully supplied with pork, beef, veal, poultry, milk, eggs, and butter, as our own; and there is none in which a congregated mass of inhabitants are so liable to suffer.

But no one will deny that those fevers which have their source within the patient's own system, are of animal origin. We, who are in medical practice, have such cases of fever, not unfrequently. A deficiency of absorption, perhaps a paralytic state of the absorbents, leaves the exhaled fluids to putrefy, or at least to deteriorate, and hence a sporadic case of fever ensues. The cases of fever, here referred to, may be compared to the system being inoculated with the spontaneous evolution, and rapid deposition, of its own decomposed fluids. The exhalants first act, whilst the absorbents cease to do their duty. Next, there is a chemical change in the accumulated blood, or serum, the salivary, pancreatic, biliary, or perspirable matters. And it may be not unworthy of remark, that repletion in the venous system, over eating, or over drinking, may have the same, or very similar consequences, to those of animal fluids, actually extravasated; especially if there be a torpid state of the bowels, and indigestion. Or, on the other hand, when the gastric juice has too great activity, and the powers of life are diminished in the coats of the stomach, the mucous coat of the latter may be eroded or abraded.

A very accurate observer and celebrated physician, of my acquaintance, gave me the history of a patient whom he lost, and whose body he examined after death, in the intestinal tract of which there was found a hole of the size of about a six cent piece. And the late Dr. Pascalis, of New York, relates a case, in which *post-mortem inspection* presented a hole, quite through all the coats of the stomach, produced by the action, as he supposed, of the gastric juice. The Doctor's opinion was, that this erosion took place by the action of the gastric juice, after the patient's death. But the probability is, that it began, and was partially accomplished, before dissolution, and was, in fact, its principal cause.

In Rhode Island, there are far more manufacturing establishments, in proportion to the number of inhabitants, than in any other State in the Union. These, in their early establishment, lost many of their operatives by fevers. And that these fevers were of animal origin, from the effluvia of the congregated mass of workmen, together with the animal oil used, seems proved from their often being prevalent in winter and spring, when

there was no marsh miasm. In the cold seasons of the year, factories are warmed by means of stoves, and the windows and doors are closed against the free access of pure air. Hence, in them, as in jails and camps, fevers are observed to be as frequent, and as fatal, in winter as in summer. In summer, free ventilation does much to remedy the evil ; but it does not, in every instance, do it away entirely. The present writer, who formerly practised in that State, had a number of cases of typhous fever under his care among the operatives of a small cotton-mill, in the very hot summer of 1811. It was, however, a *year* of fevers, apparently not much influenced by changes of weather, or succession of seasons. In the south county, Washington, where he resided, there were four successive years, viz. from 1810 to 1814, both inclusive, in which the typhous fever prevailed, bidding defiance to all changes of weather. From July of the former year, to the autumn of the latter, there was not the exception of a single day, in which he had not some patient, and often a considerable number, ill with that fever. In none of the other counties of that little State did it continue so long, although in the counties of Providence and Kent there was a short period, in that space, in which the manufacturing establishments suffered considerable mortality. The winter of 1811—12 was unusually severe, and it was then, that, in the writer's circle of practice, the number and the severity of the cases were greatest. Not many cases, however, occurred in factories, for they were small, and their numbers few, in the southern section of the State. But typhous fever prevailed in small villages, and in the open country. The severity of winter brought, as it ever brings, the members of every family more into contact, in their houses and about their firesides ; and consequently more concentrated animal effluvia.

No one disputes the animal origin of contagion. But waiving, for the present, the question respecting the strictly contagious nature of typhous fever, to me it appears that the occult qualities of the air, to which Sydenham imputed so much febrile mischief, act on the animal secretions and excretions, generally ; and that these animal deteriorations produce fever, in those who are predisposed, from original aptitude in the robust, and acquired aptitude in the feeble, to be acted on by animal poisons. Many hale persons suffer much in a crowded assembly ; many feeble ones, still more ; while some, of each class, do not suffer at all. Hence, one person will receive the seeds of fever, in sickly seasons, who has only been inhaling impure animal air in a crowded assembly ; whilst another is insusceptible of a febrile impression, and watches and nurses, and spends his days and nights with the sick, with impunity. Unacclimated persons, who have this susceptibility, sometimes suffer very speedily by being only a short time exposed to the effluvia of a predisposed crowd of people, none of whom are sick. As an instance of this, I may mention the case of the Hon. James Burrill, who belonged to Providence, 30 miles distant. He was then State's attorney, and, like some of my other patients, was seized suddenly ; for whilst in a state of apparent health, attending to his business in the court-house, he was taken severely and unable to go home ; he had the fever at his inn. He had not been among the sick, and the fever at that time did not prevail in Providence ; but the crowd in the court-house was undoubtedly *breathing out* the seeds

of that fever, which was prevailing in the county. We may remark, that Mr. Burrill's constitution was, naturally, far from being robust, and that he afterwards died with consumption, at the city of Washington, whilst there on his duty as a member of the United States' Senate. A brilliant, but evanescent meteor.

We will here advert to one or two other cases of the same kind.

Dr. Eddy, a physician of Providence, of my acquaintance, went from thence to one of the West India islands, on account of his health, he being in a consumption. He there contracted the yellow fever, of which he died. But I believe that he saw no person with that disease; nor do I recollect that it was said to have been prevalent at that time in the island where he was.* But there was undoubtedly a predisposition, among the associates of Dr. Eddy, to that West Indian disease.

The prevalence of yellow fever on board ships, near docks, and filthy stores, on the seaboard, points at once to *animal miasm* as its source. There is no *marsh miasmata* at sea, where the yellow fever has often commenced, which in my mind entirely prostrates the position of its origin from that cause, as assumed by Dr. Bancroft, an English physician. He might just as well impute *scurvy* to *marsh miasmata*.

Every animal body has its exuvia; its castings off, into the interior of the alimentary canal, into the interior or exterior of the lungs; within the skull, within or without the *dura mater*; into the ventricles, or sinuses of the brain, its substance or meninges. The meningeal artery may be ruptured, by jumping from a moderate height, or by a fall, or by a blow, as it has been by a blow on the head by the fist. The arteries, and veins, and glands, and cellular substance, as well as the bilious and urinary vesica, are all liable to suffer from deposition exceeding absorption; or from absorption, taking up the bile and urine into the general circulation, before its proper time to pass off by its natural channels. All and each of these events may produce fevers; and fevers, thus produced, are indisputably of animal origin. Perishing from poverty, and its incidental diseases, as 75 per cent. of the poor of Ireland are supposed, by medical men, to do, is the result of animal action, fluid or solid, upon the animal system. And the typhous fevers of the same class have a similar origin, with the aid of external exhalations, from animal filth.

All contagious diseases, as before intimated, are, past all controversy, of animal origin. No one ever dreamed of smallpox, or syphilis, or measles, or psora, being generated by vegetable putrefaction. Those diseases, therefore, whose causes are positively and indisputably known, are of animal origin.

The predisposition to receive the seeds of fever, and to have them germinate into a febrile disease, is an animal idiosyncrasy. No infectious locality, never so highly saturated with putrefaction, or with emanations from the sick, was ever known to affect all equally, who were equally exposed. Even in the plague of London, and of Alexandria in Egypt, when numbers were sick, dying, and dead, many enjoyed as good, or even better health, than usual. And the same thing has happened in New York and New Orleans, during the cholera and yellow fever.

* I have just learned that a Mr. Edgerton is dead with cholera, at New Orleans, who went from this town, in consumption, a few weeks past.

The hydro-oxygen microscope owes its name to its being lighted by the burning of hydrogen and oxygen gases, upon lime, at the moment of their junction. A light is thus produced, more brilliant than the sun, or any other known light, and a magnifying power produced by the instrument, as before observed, of nearly two and a half million of times. It bids fair to analyze the whole visible creation, more accurately than fire, or any other chemical agent. From the numerous animals brought to light, by its astonishing powers, in a single drop of pure water, we are brought, past resistance, to doubt of there being any such process as vegetable putrefaction, unconnected, at the same time, with animal. The blood and the muscles yield the same chemical results, and should both turn out to be a congeries of animalcules, it would not be surprising.

I am, Mr. Editor, yours very truly, JOSEPH COMSTOCK, M.D.
Lebanon, Ct. June 20th, 1835.

CASE OF MALFORMATION.

BY A. P. FULLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 12th, 1835, attended the accouchment of Mrs. H. wife of John Holmes, of Freedom—a young healthy woman, and mother of four healthy children. She had been about twelve hours in labor when I saw her. I was informed that her pains had been regular until about an hour and a half before my arrival, when they became irregular, distressing her much through the back and hips. On examination, found a shoulder and hand presentation, the fingers projecting beyond the apex of the shoulder. Finding the os uteri well dilated, and the head of the child not very large, I pressed back the shoulder; the occiput very readily presented, and in a few minutes she was delivered of a full grown but deformed male child, apparently more dead than alive, which in about a minute respired and cried feebly.

I did not here follow the direction of authors in such cases made and provided; why should I? What necessity here for the formal and tedious operation of turning, when the simple method of putting back the shoulder restored the child to its natural presentation? Before the mother had any knowledge of the deformity, she was questioned respecting her impressions of marks or fright, and replied that she had no suspicions of any marks or deformity; nor had she been frightened, except two days ago she was some agitated on account of a dispute between another man and her husband. I put these questions that I might the more readily convince the attendants of the absurdity of the Aristotelean doctrine so prevalent among women in many parts of the country.

The child lived only about 15 minutes. The left fore arm, on inspection, was found reflected upon the humerus, and by reason of the shortness of the flexor muscles could not be extended. The hand of the same arm had four fingers but no thumb, nor was the hand so formed as to indicate the want of an additional member; indeed there was no place for a thumb. The left thigh was flexed upon the abdomen, and the leg

upon the back part of the thigh, and neither of them could be straightened on account of the shortness of the muscles of flexion. The foot of the same side was turned up on the malleolus ; had but two toes, and those imperfect. The anus was wholly wanting ; upon the most minute examination with a small probe, none could be discovered—nothing but a slight indentation where the anus should have been. The penis was imperfect, as well as *imperforate* ; the urethra supposed to be wanting, as I could not discover any passage by a close inspection with a very small probe. The penis had an hour-glass appearance : growing as if it were about to form the head, half an inch from its origin in the pubis, then commencing anew a bulbous growth about the same length as the first portion, and terminating in the usual appearance of that organ, save the urethra.

I do not know that the above case can be of any practical utility, yet the facts may be worth preserving. I wish to make a few remarks upon obstetric practice, since I have deviated, and do occasionally deviate, from the square and compass method of authors. I do not think our lecturers upon this subject were formerly practical enough. I had always been taught that the placenta should not often be removed per force ; that it was dangerous, &c. Some eight or ten years ago I was called to visit a woman in labor ; it was the first case of the kind I had ever attended ; it was not a difficult one. In a few hours the child was born, but the placenta did not come away ; after a while I made slight attempts to remove it by the cord, but without effect. I waited again for after pains ; but although pretty good, they did not expel it. In about an hour and a half more, there being considerable hemorrhage, I made another unsuccessful effort by pulling upon the cord as much as I supposed it would possibly bear without separating ; waited half an hour longer, and still the placenta remained, but the flowing had now become very alarming, and the patient fainted repeatedly. An old practitioner was now sent for, and speedily arrived. Finding he could not succeed by extension of the cord, he introduced his hand and peeled off the placenta, which he said adhered to the walls of the uterus, and in three minutes removed the whole of it. The patient was then put to bed, and the hemorrhage soon ceased. Now this patient probably would have lost her life had she not received timely assistance. Yet I had never been taught the *urgent* necessity of resorting to violent measures as I supposed this to be, believing the hemorrhage would thereby be increased, and I chose to be held responsible for the sin of omission rather than that of commission. Since that time I have usually made it my practice to remove the placenta very soon after the birth of the child, by force if necessary ; and notwithstanding I have had a large share of obstetric cases for country practice, yet I have never in a single instance found any alarming symptoms arise from such a course, but on the contrary am enabled very early to place my patients comfortably in bed.

I have had two cases of hour-glass contraction, in which I succeeded by much effort in bringing away the placenta, although the attempt was made in a quarter of an hour after the birth. Had I waited for voluntary expulsion, four, five, or, as some advise, twenty-four hours, and found it necessary then, could the removal have been as easily made by manual operation ? or if we have waited long and patiently, how can we know

whether there is an hour-glass contraction or not, if we have neglected to introduce the hand? and if we have made the introduction, why not remove the foreign body at once? The existence of hour-glass contractions has been questioned by some, but the two cases I have had were so distinctly marked, that it appears to me a novice might have detected them.

Albion, Me. June 9th, 1835.

ON GANGRENOUS EROSION OF THE FACE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Permit me, through your columns, to offer to Doctor Fuller, of Maine, and to your other readers, a few brief considerations to show that calomel had nothing to do with the fatal termination of the case described in your 20th number.

1st. *The supposition is contrary to all analogy.*—There is not an article in the list of remedial agents—I mean an uniform article whose constituents are invariable—that proves innocuous and salutary in ninety-nine cases, and yet in the hundredth is a fatal poison. The suggestion is at war with the most common-sense maxims. Besides, the analogy fails in another particular. Whoever heard of any substance used for therapeutic purposes, of which 1 1-2 grain—as in the case above alluded to—could overthrow the powers of the system, while ten times the amount would be perfectly safe? There is not a parallel in all the *Materia Medica* to the supposition under discussion.

2d. *We never attribute to mercurial preparations the large patches of mortification that occur in cynanche maligna, or the gangrene that occurs in the toes of old people.*—Yet these diseases are as specific, both in respect to symptoms and location, as the gangrenous erosion of the face. The former diseases occur usually without any previous medication, and, therefore, mercury is not blamed. The gangrene of the face, being frequently the sequel to other complaints, and the preparations of mercury by their incomparably useful qualities being employed in nearly all acute and dangerous disorders among practical men, there is opportunity for prejudiced friends, as well as intriguing professional men, to pronounce dogmatically that the *post hoc* is the *propter hoc*: that the horrid and ghastly disease in question is the effect of a few grains of calomel! The fact is, that in all these cases of mortification, the local loss of life is, like the petechiæ of purpura hemorrhagica, a symptom—an effect—of some grave and dangerous lesion of the whole fabric.

3d. *I have never witnessed a severe inflammation of the mouth, whether from mercurial ptyalism, quinsy, putrid sore throat or ranula, that was not accompanied by an offensive odor, so similar in all these instances, as naturally to suggest to anxious friends and nurses the agency of calomel in the disease in question.*—We ought not to wonder, however much we may be grieved, that men so little accustomed to close investigation of cause and effect as many of our employers are, should confound the cause of diseases so widely different as mercurial salivation and gangrenous erosion.

But, lastly, the cases already recorded in our journals are sufficient to place this matter beyond all doubt.—I have time and space only to refer to them : but they should be within reach of every practitioner who is liable to incur the censure of his employers, simply because he is called to treat a disease of this distressing and dangerous character.

Dr. Jackson, of Northumberland, Penn. has published in the 12th Volume of the Philadelphia Medical Recorder, several cases of this disease, in some of which no mercury had been given. Dr. Young, of the same State, in the American Journal of the Medical Sciences for May, 1831, states that he had seen fourteen cases. In his treatment he uniformly used calomel as a cathartic, and with great success ; but not a word is said of calomel or other mercurial medicines being the cause of these complaints. Dr. Hempsted, of Ohio, in the 3d Volume of the Boston Medical and Surgical Journal, p. 30, has given a particular statement of six cases, in three of which no calomel or mercury had been used. Dr. Lovell, of the United States army, treated several cases of the complaint at Buffalo, in 1814, in which there had not been a particle of calomel or mercury used previous to their attack. The symptoms and treatment are both described in Mann's Medical Sketches, p. 164.

Now if testimony can ever settle this point, it has already been done. The above authorities are abundantly sufficient to satisfy any reasonable mind ; and although they may not absolutely remove the prejudices of friends or silence the clamors of dishonorable men in our ranks, they certainly should relieve us from any ill-founded apprehensions that may tend to restrain us in the proper employment of this highly useful article.

Hartford, June 27, 1835.

M. L. NORTH.

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BOSTON, JULY 8, 1835.

MODERN PRACTICE OF MEDICINE.

It must hereafter be regarded as a singular circumstance in the history of medicine, that in this particular age, distinctly marked by the progress of mind in the collection of facts, the treatment of diseases is so often of secondary importance. Critical observations on the minute character of some bronchial râle, or the obscure indications of a morbid condition of an air cell, are beginning to be more interesting to some, than an application of remedies for the subduction of diseases.

According to modern notions, traceable to a Gallic origin, it is scientific to watch the phenomena of diseases, but vulgar as well as unphilosophical to make any attempts to disturb the regular laws by which they are governed. Thus it is continually said of eminent practitioners, in relation to curative measures, that they do nothing at all. "*Nature leads,*" was the observation of Hippocrates ; which to a certain extent is unquestionably true ; but if it is to be understood that the sick cannot be benefited by the administration of medicines, and this doctrine is to prevail, how melancholy is it to reflect on the loss of time that has been un-

profitably devoted during more than three thousand years to the acquisition of that kind of knowledge erroneously supposed useful in lessening the miseries of human life.

In physic, as well as in the constructive arts, there is a fashionable era. Innumerable modes, varying in principle as well as in form, have been proposed for treating the various maladies to which man is incident, but not one of them has been perfectly satisfactory to all. Because medicine is a progressive science, many appear to feel licensed to take what liberties they please with the deductions of those who have gone before. At the rate, therefore, which modern pathologists are advancing, it will soon be difficult to discover a relationship between the present system and those of the old masters, whose opinions once commanded respect.

It is curious, notwithstanding this pretended *advancement*, to observe, that it has neither arrested the tendency of disease, nor limited the bills of mortality. With all the exhibitions which are made of profound thought upon the exact character and quality of these messengers of death, it is doubtful whether any improvement has been made in the treatment of many diseases in Europe, if credit is to be given to the publications of the élite. Those foreign opinions, which consider the most desirable issue of any disease to be one that opens an opportunity for inspecting its locality, are somewhat contagious; and it is greatly to be feared that the effect, in the sequel, will be decidedly unfavorable, if some counteracting influence is not opposed. The new and absurd course of leaving the sick to get well as they can, because nature is disposed to help those who cannot help themselves, deserves the strong censure and condemnation of all honest men. However amusing it may be to keep pace with the speculations of medical philosophers, actual practitioners should be extremely cautious in the adoption of any new system which has not positively been demonstrated to be superior to those already shown to be good and almost unexceptionable.

HUNTERIAN MANUSCRIPTS.

In the course of an examination of Mr. William Clift, before a select committee, of the House of Commons, on medical education, a most extraordinary and unlooked-for development was made of the unaccountable conduct of the late eminently distinguished Sir Everard Home, known the world over as an acceptable and prolific writer on physiology. It seems that a great proportion if not all of those ingenious and highly curious papers which were given from time to time in his name, for a series of years, to the Royal Society, and published at great expense in their transactions, were actually *stolen* from the late Mr. Hunter's manuscripts, the property of the nation, kept in the Hunterian museum. To make all sure, and forever prevent the discovery of his meanness, the originals were utterly destroyed—to the amount of *ten large folio volumes!* Being one of the curators of the museum, he had a complete control of the papers, and was thus enabled to carry on his illegal, dishonest literary pursuits in medical philosophy, uninterruptedly, through life. Mr. Clift could testify positively to the fact—as he wrote, when a pupil of Mr. Hunter's, a large share of the whole mass, under the author's directions and under his own eye. He says that many of Sir Everard's communications were, verbatim, Mr. Hunter's language; and moreover, drawings accompanied those manuscripts, which were copied. Some of the original

illustrations have been found in the museum, and this fact, therefore, places some part of the story beyond a doubt. Nothing could have been more surprising than this strange discovery, and the learned will wait impatiently to know the result of the whole inquiry.

Baron Heurteloup.—This distinguished operator—whe probably has a better practical knowledge of lithotripsy than any other living surgeon—has recently had occasion to speak of the success of his practice in the English hospitals. Out of sixteen patients, none have had any return of the complaint, though some of them were operated upon four or five years ago. Samuel Goodge, a seaman, operated upon in May 1830, who died three years after of a disease of the chest, was carefully examined by the medical officers of Greenwich hospital, but not the smallest particle of a stone was discoverable in the bladder. The Baron operated on a man by the name of Newton, at St. George's Hospital, who unfortunately died of apoplexy during the treatment. On opening the body, the stone, of which considerable had been voided, was found almost entirely pulverized. The walls of the bladder were untouched, and therefore exhibited no traces of irritation, which is a positive proof against a prevalent idea that the instruments are apt to injure the organ. The Baron is now a resident of London.

As it should be.—Mr. Wakley, not long ago, moved in the British House of Commons for copies of all the documents which have been issued by the Worshipful Company of Apothecaries in London, for enforcing the attendance of medical students on lectures and hospital practice. There has been gross neglect there, as well as here. No man should be permitted to sell a drug without having a scientific knowledge of his profession. Apothecaries would find it as much to their advantage to attend two courses of medical lectures during their apprenticeship, as the practitioner who makes the prescription.

Rewards for Vaccination.—In one of the late numbers of the *Gazette Médicale*, of Paris, is a list of one hundred and seven medical men and *sage-femmes*, who have received gold and silver medals from the Royal Academy, for their praiseworthy exertions in propagating kine pock inoculation.

Issues.—The plan of introducing issues, says Mr. Liston in a recent lecture, to compensate for the discharge from an ulcer which has been some time open, has rather got out of fashion; but there is nothing I am more convinced of, than the propriety and necessity of this practice being adopted in some cases. I have known several instances of a fatal termination ensuing very soon after the closure of old ulcers. Nature often seems to establish them for the prevention, relief or cure, of internal diseases.

Pessaries.—We are extremely gratified to learn that Dr. Brewer's pessary, which was minutely described in this Journal some weeks ago, meets universal approbation. The best evidence of its utility is the fact that the inventor had not one on hand the last week, such had been the demand for it.

Statistics of Poisoning in France.—It results from the researches of Dr. Chevallier, a member of the Academy of Medicine in Paris, and of M. Boys de Loury—1st. That within seven years 273 individuals have been tried for administering poison ; of whom 171 have been acquitted, and 102 condemned. 2dly. That the poisons employed were in 54 cases arsenic, in 7 verdigris, in 5 cantharides, in 5 perchlorure of mercury, in 4 nux vomica, in 3 powder for the destruction of flies, in 2 nitric acid, in 1 sulphur of arsenic, in 1 emetic tartar, in 1 opium, in 1 acetate of lead, in 1 white lead, in 1 sulphuric acid, in 1 sulphate of zinc, in 1 mercurial ointment, in 5 poisons not named. 3dly. That the assigned motives for the crimes have been—in 28 cases interest, in 24 libertinism, in 15 vengeance, in 10 jealousy, and in 6 madness. 4thly. In 28 out of 81 cases the poison was administered in broth, in 8 cases in milk, 7 in flour, 4 in medicine ; twice it was introduced immediately into the mouth, twice in coffee, once in cider, and once in a fowl. It has been remarked that in many cases the taste communicated by the poisonous substance has saved the victims, and that in others the color of the poison has been a salutary warning. Hence Messrs. Chevallier and Boys de Loury conclude that poisonings would be less frequent if poisonous substances were colored or rendered sapid.

Parisian Hospitals.—From official returns lodged at the bureau of the Prefect of the Seine, it appears that the receipts of the Parisian hospitals, for the year 1833, amounted to 10,186,388 francs (nearly 408,000*l.*) the whole of which appears to have been expended. The principal receipts are from rents (*loyers fermages*), 1,136,271 francs ; government grants (*rentes sur l'état*), 4,201,472 francs ; from the city of Paris, 5,238,000 francs. The lowest item of receipt is individual aid (*rentes sur les particuliers*), 11,000 francs ; the income from the Mont de Piété, or licensed pawn-shops, 281,970 francs ; from the theatres they draw 60,000 francs ; they also draw 400,000 from the departments, for the support of the maternity section of the hospitals, it being presumed that the little foundlings are not all of Parisian parents. Of the expenses, the chief head is that for food and treatment of the poor (for be it remembered that many patients in the French hospitals pay for their maintenance and medical treatment, the item of receipts for this being 386,100 francs), amounting to 3,627,906 francs ; then comes out-of-door assistance, 1,516,025 francs ; foundlings and orphans, 1,450,000 ; *materiel*, bed-clothes, &c. 1,381,478 francs ; and expenses of management, 1,135,442 francs. The localities for relief are of three kinds. First, the hospital establishments, 24 in number ; of these, 13 are hospitals or establishments for the sick, and contain 5,337 beds ; and 11 are infirmaries (*hospices*) for the old and infirm, as also for orphans, in which 11,740 persons may be maintained. The total of the beds of these hospitals and infirmaries is 17,077. The second kind of relief is afforded at certain asylums and schools ; the number relieved by this means in 1833 was 68,986. The third class includes the foundlings.

Indian Doctor's Bill.—A curious trial came on in April, last year, in the Court of Requests, Calcutta, for a native doctor's bill, charged at 314 rupees. There were 14 items, consisting mostly of gold leaf, pearls, and other precious things, dissolved, or said to be dissolved, and made

into pills. One of them professed to consist of the navels of goats and monkeys, brought from the Persian Gulf, and mingled with musk.—One hundred rupees had been paid in advance, and the commissioner thinking it enough, the case was dismissed. This trial exhibits a fair picture of what sometimes occurred in Europe before the healing art assumed the character of a science.

Hydrocephalus.—Dr. Dorfmueller notices briefly in *Siebold's Journal* a case of remarkable hydrocephalus, cured by the sole efforts of nature. This occurred in the person of a male infant, aged eighteen months, to whom the author was called, with a view to pronounce if the child was fit for vaccination. The head was three times larger than that of an adult, and the infant was unable to support it, but laid its head constantly on the breasts of its mother; the fontanelles were very large, and the head felt soft and pasty. The rest of the body was tender and weakly, and of a natural size. The author left the infant with the idea that it could not survive many months; but after a lapse of five years, being called on to give some assistance to the mother, he took the opportunity of inquiring after the child, when he was astonished not only to hear that it was alive, but to find on examination that the child's head was now even less than the natural size, while the bones were completely united and felt hard. The body was well built, and of its proper magnitude. The mental faculties were developed in a moderate degree, and the parents affirmed that this fortunate result occurred without the assistance of any medical aid whatever.—*Lancet*.

Use of Chloruret of Lime in Blenorragia.—Professor Graefe, of Berlin, was among the first to employ this remedy in inflammatory discharges from the urethra; and so favorably did he augur of its good effects, as to state that it would cure the disease when copaiba and cubebs had failed. It was used both internally, either in the form of mixture or of pills, and externally as an injection: the formula for the pills is as follows:—Take of the chloruret one drachm, of extract of opium nine grains, and as much gum as may be necessary to form a consistent mass, which is then to be divided into fifty-four pills. At first, one may be taken every two or three hours; and the dose is to be gradually increased till eight, ten, or twelve are taken every hour. The injection is made by dissolving twenty-four grains of the chloruret in six ounces of water, and adding half a drachm of the vinum opii. The strength must be regulated according to the irritability of the canal. This treatment has been successfully adopted in acute as well as in chronic cases; but it is in the latter set chiefly that the greatest benefit has been obtained. As a matter of course, if the irritation produced exceed certain limits, we must omit the use of the chlorurets, and resort to a more soothing treatment. In one patient, who had had a gleet for two years, the discharge was stopped in the course of ten days.—*Trav. de la Soc. Med.*—*Amer. Journ. of the Med. Sci.*

DIED—In this city, Caleb H. Snow, M.D. aged 39—In Whitefield, N. H. of lung fever, Dr. Benj. F. Sanborn, aged 32.

Whole number of deaths in Boston for the week ending July 4, 23. Males, 13—Females, 9.

Of bowel complaint, 1—bursting bloodvessel, 1—convulsions, 1—child-bed, 1—consumption, 4—dropsy, 1—fits, 1—inflammation of the bladder, 1—inflammation of the brain, 1—infantile, 2—lung fever, 1—measles, 1—old age, 1—palsy, 1—scarlet fever, 2—unknown, 2. Stillborn, 4.

1835 June	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Mon. 1	60.30	75.00	67.50	29.70	29.85	29.775	Cumuli	NW	.10	Rain and SW, m.
Tues. 2	55.00	84.00	69.50	29.92	29.96	29.940	"	"		
Wed. 3	61.00	63.00	60.50	30.08	30.15	30.115	"	E		Thermometer 58° a.
Thur. 4	54.00	83.00	68.50	29.90	30.15	30.025	"	SW		3 m.
Frid. 5	65.00	85.00	75.00	29.65	29.80	29.725	Cumu. strat.	"	.10	Rain, a.
Satur. 6	62.00	71.00	66.50	29.83	30.00	29.900	Cumuli	SE		
Sun. 7	52.00	61.00	56.50	30.20	30.40	30.300	"	"		Stratus and E, m.
Mon. 8	46.00	74.00	60.00	30.40	30.45	30.425	Cirri	SW		
Tues. 9	48.00	78.00	63.00	30.00	30.25	30.125	Cirrus	"		
Wed. 10	60.00	73.00	61.50	30.00	30.20	30.100	Cir. c. strat.	E	.10	Rain, a. Th. 50, a. a.
Thur. 11	59.00	71.00	60.50	30.10	30.25	30.175	Cirrus	SW		Stratus and E, m.
Frid. 12	60.00	79.50	69.75	30.05	30.10	30.075	Cir. c. strat.	"	.12	Rain during the night
Satur. 13	63.00	87.00	75.00	29.90	30.05	29.975	Cumuli	"	.40	Nimbus, a.
Sun. 14	65.00	81.00	73.00	29.75	29.88	29.815	Cumulus	NW		NE, a.
Mon. 15	55.00	65.00	60.00	30.05	30.12	30.085	Cir. c. strat.	NE		
Tues. 16	48.00	74.00	61.00	29.85	30.12	29.985	Cumuli	SW	.18	Rain during the night
Wed. 17	55.00	71.00	63.00	29.75	29.82	29.785	"	NW		(a. [rain during night
Thur. 18	53.00	76.50	64.75	29.80	29.90	29.850	"	E		Rain, a. Nimbus and
Frid. 19	58.00	84.00	71.00	29.65	29.82	29.735	Cumulus	S	.75	
Satur. 20	66.00	59.00	62.50	29.40	29.75	29.575	Cumuli	NW		
Sun. 21	47.00	69.00	58.00	29.80	29.86	29.830	"	SW		
Mon. 22	47.00	71.00	59.00	29.88	29.95	29.875	Cumulus	"		Barometer 29.80, a.
Tues. 23	54.00	70.00	62.00	29.89	29.90	29.890	Cumuli	NW		
Wed. 24	55.00	72.00	63.50	29.90	29.95	29.925	"	SE		Stratus, m.
Thur. 25	57.00	78.50	67.75	29.90	29.95	29.925	Cir. c. strat.	SW		o. a.
Frid. 26	61.00	72.50	66.75	29.90	29.95	29.925	"	NE	.03	Rain, m. Stratus, a.
Satur. 27	55.50	55.00	55.75	29.85	29.90	29.875	Stratus	"	.10	Rain
Sun. 28	54.00	80.00	67.00	29.65	29.80	29.725	Cumulus	SW		
Mon. 29	58.00	77.50	67.75	29.58	29.65	29.615	"	"	.06	Rain during night
Tues. 30	61.50	72.00	66.75	29.60	29.68	29.640	"	"		
Aggreg.	51.29	74.11	64.775	29.85	29.98	29.9240	Cumuli	SW	1.94	

RESULT.—Mean temperature, 64.775; maximum, 13th, wind SW, 87.00; minimum, 8th, wind SW, 46.00; greatest daily variation, 9th, wind SW, 30.00; least daily variation, 27th, wind NE, 0.50; range of thermometer for the month, 41.00; increase of mean temperature from May, 10.760; prevailing atmosphere, cumuli (clear). Prevailing wind, SW. Mean atmospheric pressure, 29.9240; maximum, 8th, wind SW, 30.45; minimum, 20th, wind NW, 29.40; greatest daily variation, 20th, wind NW, 0.35; least daily variation, 2d, wind NW, 0.04; range of barometer, 1.05; increase of atmospheric pressure from May, 0.0081; rain, 1.94 inches.

Comparative with June, 1834.—Mean temperature, 63.233; maximum, 86.00; minimum, 48.00; prevailing atmosphere, cloudy. Mean atmospheric pressure, 29.8256; maximum, 30.12; minimum, 29.50; rain, 2.80 inches; prevailing wind, SW.

Fort Independence, Boston, July 1, 1835.

B.

Erratum.—In the advertisement of the Medical School in Boston, in the 20th No. of the Journal, the title of the professorship of Drs. Jackson and Ware should have been "Theory and Practice of Physic and Clinical Medicine," instead of "Clinical Surgery."

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees
Anatomy, and the Operations of Surgery,	by	JOHN C. WARREN, M.D.	\$15
Chemistry,	"	JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence,	"	WALTER CHANNING, M.D.	10
Materia Medica,	"	JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery,	"	GEORGE HAYWARD, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—1835.

WALTER CHANNING, Dean.

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